

031104

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 81794BLMB
Customer No. 01333**

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

CONDUCTIVE AND ROUGHENING LAYER

First Named Inventor (or Application Identifier):

Debasis Majumdar, et al

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22387 U.S.PTO
10/797982
031104

Enclosed are:

1. <input checked="" type="checkbox"/> Specification	6. <input type="checkbox"/> Assignment of the invention to
2. <input type="checkbox"/> Sheet(s) of drawing(s)	7. <input type="checkbox"/> Certified copy of a priority document.
3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.	8. <input type="checkbox"/> Associate Power of Attorney
4. Combined Declaration for Patent Application and Power of Attorney:	
4a. <input type="checkbox"/> New	
4b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)	

5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No: 10/170,117, which is a divisional of 09/853,846

12. Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Lynne M. Blank at 585-477-7418.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	16 - 20 =	-4	x 18 =	\$ 0
INDEPENDENT CLAIMS	1 - 3 =	-2	x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 770

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 770**

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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